

**Laboratory Security System Employee Access- Restricted Laboratory**

Massachusetts Department of Public Health

William A. Hinton State Laboratory Institute

305 South Street, Jamaica Plain, MA 02130

Form completion instructions: 1. Complete for each restricted laboratory to which an employee will be granted access.  
2. Complete when access is terminated and when there are changes to employee's restricted laboratory access.

<b>Employee Information</b>			
Employee Name (print): Dookhan, Annie	Employee Room/Phone: / 983-		
LSS Training Date:	Date of Access Activation:		
Access Identification Card: Card no: Fingerprint no:	Employee's Supervisor (print):		
<b>Restricted Laboratory Access Information</b>			
<b>Access to Laboratory (check all that apply)</b>		<b>Restricted Laboratory Access Approval</b>	<b>Signature</b>
	306/307, 308, 309/310, 313	Julianne Nassif	
	404, 404A, 404B	Cheryl Gauthier	
	463, 464, 414C	Glenn Krumholz	
	713A, 713B, 713C, 713	Raimond Konomi	
	712	Raimond Konomi	
	712A, 712B	Raimond Konomi	
	755	Paul Elvin	
	813	Scott Hennigan	
	760, 866, 869	Scott Hennigan	
<b>Access Level of Employee</b>			
X	Level I (24 hours/day, 7 days/week)	Other access level (specified by Restricted Laboratory Supervisor):	
<b>Signature of Employee/Date:</b>		<b>Signature of Employee's Supervisor/Date:</b>	
<b>Responsible Official (signature):</b>		<b>LSS Manager (signature):</b>	
Print name/date:		Print name/date: KATHLEEN L. NAWN	

**Termination of Access Card Information**

Date of Termination of Access:	LSS Manager Signature/Date:
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